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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/689,208 10/11/2000 PAT 6,673,083 *

(*Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/09/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				

VERIFIED AND
ACKNOWLEDGED

Examiner's Signature _____ Initials _____

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TITLE

BLOOD VESSEL CLIP AND APPLICATOR

FILING FEE RECEIVED 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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